

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

**Appendix A
APPLICATION FOR APPROVAL AS A SPONSOR
OF A CONTINUING EDUCATION PROGRAMME**

- 1) Date of application:
- 2) Name of organization:
- 3) Mailing address:
- 4) E-mail address:
- 5) Phone number:
- 6) Administrator of the continuing education programme: (Please include curriculum vitae.)
- 7) Provide a brief overall description of the continuing education programme, including a description of the history, objectives, targeted audiences, and organization. Include a schedule of continuing education activities offered in the **last 12 months**.
- 8) Attach a description of each continuing education activity to be offered in the **next calendar year**. Please include the following information:
 - a. Title of continuing education activity
 - b. Date(s) and location of activity (Please note additional criteria for any online activities.)
 - c. Length of the continuing education activity, including number of direct CE hours proposed (Please note additional participant attendance monitoring requirements for concurrent conference sessions.)
 - d. Instructional personnel and their qualifications and backgrounds; please include curriculum vitae of all instructors.
 - e. Learning objectives of the activity
 - f. Outline of the material to be covered (Please include brochure if available.)
 - g. Description of the intended participants
 - h. Description of how the activity will be evaluated in terms of meeting the learning objectives; please include evaluation form.

Please submit this form, all supporting documentation, and the relevant **application fee**:
(can be paid by cheque, Visa, or Mastercard; taxes apply for all Canadian organizations)

1 - 5 annual activities	\$300.00+GST/HST
6 - 10 annual activities	\$400.00+GST/HST
11 or more annual activities	\$500.00+GST/HST

By regular mail:
Continuing Education Office
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3

By email: education@cpa.ca
By fax: (613) 237-1674

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**Appendix B
APPLICATION FOR APPROVAL AS A PROVIDER
OF A CONTINUING EDUCATION ACTIVITY**

- 1) Date of application:
- 2) Name of organization:
- 3) Mailing address:
- 4) E-mail address:
- 5) Phone number:
- 6) Administrator or contact person:
- 7) Title of continuing education activity:
- 8) Date(s) of activity:
- 9) Location of activity: (Please note additional criteria for any online activities.)
- 10) Length of the continuing education activity, including number of direct CE hours proposed:
(Please note additional participant attendance monitoring requirements for concurrent conference sessions.)
- 11) Instructional personnel and their qualifications and backgrounds; please include curriculum vitae of all instructors:
- 12) Learning objectives of the activity:
- 13) Outline of the material to be covered: (Please include brochure if available.)
- 14) Description of the intended participants:
- 15) Description of how the activity will be evaluated in terms of meeting the learning objectives; please include evaluation form:

Please submit this form, all supporting documentation, and the **application fee of \$200+GST/HST** (can be paid by cheque, Visa, or Mastercard; taxes apply for all Canadian organizations)

By regular mail:
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141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3

By email: education@cpa.ca

By fax: (613) 237-1674



Appendix C
ANNUAL REPORT TO BE COMPLETED AT THE END OF EACH CALENDAR YEAR
BY APPROVED SPONSORS OF A CONTINUING EDUCATION PROGRAMME

- 1) Date of report:
- 2) Name of organization:
- 3) Mailing address:
- 4) E-mail address:
- 5) Phone number:
- 6) Administrator of the continuing education programme:
- 7) Attach a description of each of continuing education activity offered in the **last calendar year**. Please include the following information:
 - a. Title of continuing education activity
 - b. Date(s) and location of activity
 - c. Length of the continuing education activity, including number of direct CE hours
 - d. Instructional personnel and their qualifications and backgrounds; please include curriculum vitae of all instructors if not previously submitted.
 - e. Learning objectives of the activity
 - f. Outline of the material covered
 - g. Number and type of participants (i.e., number of psychologists, students, others)
 - h. Evaluation of the continuing education activity; please include summary (quantitative and/or qualitative) of evaluations received
- 8) Provide an overview of any changes made, difficulties encountered, and how these are being managed.
- 9) Attach a likely or proposed schedule of continuing education activities to be offered in the **next calendar year**. (Please note additional criteria to be met for any online activities, and for participant attendance monitoring at concurrent conference sessions.)

Please submit this form, all supporting documentation, and the relevant **annual fee**:
(can be paid by cheque, Visa, or Mastercard; taxes apply for all Canadian organizations)

1 - 5 annual activities	\$200.00+GST/HST
6 - 10 annual activities	\$250.00+GST/HST
11 or more annual activities	\$300.00+GST/HST

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